
Commitment to Underserved People (C.U.P.) Program at the University of Arizona

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AN ELECTIVE SEMINAR on medically underserved people was held in early 1978 for a small group of first-year medical students at the University of Arizona. This seminar brought the students into contact with a few underserved groups, health care providers, and others working with the underserved. It also gave the students opportunities to explore the reasons why people are medically underserved and to examine their own interests, personal and educational needs, and level of commitment in preparing for careers in underserved areas. At the end of the five seminar sessions, the students asked if a continuum of similar learning and experience opportunities could be provided during the remainder of their medical school years.

It had long been apparent that a significant number of students entering the College of Medicine at the University of Arizona did so with an expressed intent to spend part or all of their careers among medically underserved people, in this country or abroad. It was also evident that a curriculum based largely in a tertiary care center provided little specifically relevant preparation or goal reinforcement for these students, and that during the medical school years a disturbing and significant attrition of this commitment was occurring. Fur-

thermore, it seemed appropriate that a State-supported school in a State with large ethnic minority populations and many underserved communities should make greater efforts to meet their specific medical manpower needs.

C.U.P. Program

The C.U.P. (Commitment to Underserved People) Program was therefore organized in response to an expressed student need and as an effort to capitalize on the interest of some medical students in making this commitment by offering them a related sequence of relevant learning experiences. The program is directed at a self-selected group of students. It is not a separate curriculum track, but it makes appropriate use of elective elements of the standard curriculum and supplements that curriculum with noncredit activities required of its participants in their extracurricular time. It also includes support activities and student involvement in planning and evaluation. Although the C.U.P. Program is directed and coordinated within the Department of Family and Community Medicine, members of other primary care departments also participate in it.

The program has four major components: selection, curriculum, support activities, and evaluation and planning.

Selection. Before matriculation, all first-year students receive a brochure that explains the C.U.P. Program, requests a reply from those who wish to enroll, and states that the program is designed to accommodate 10 students from each class. Although a few more than 10 have applied, all have been enrolled. Once selected, the

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students are expected to fulfill the program's activity requirements if they are to continue as participants. A summary of these requirements follows.

Year 1: First semester—biweekly seminars and site visits are required. Second semester—biweekly seminars and program volunteer work or family assignment are required.

Year 2: Biweekly seminars are required. Program volunteer work or family assignment continuation is required for first semester only. Discretionary time for an approved activity—at least 6 weeks are required.

Years 3 and 4: Clinical clerkships in facilities for the underserved—assignment available on request. Clinical preceptorship in an underserved area—at least 6 weeks are required. Family assignment and biweekly seminars are optional.

Support activities (all years): Counseling service, evaluation procedures, annual retreat, and group meetings every 6 weeks.

Curriculum. During their first year of medical school, C.U.P. students spend eight afternoons in group visits to medical care and social service facilities in the Tucson area that provide services to ethnic minorities, rural and urban poor, the elderly, and prisoners. A list of objectives for the students guides them in gathering information from their tour of the facilities and in their discussions with personnel, patients, or clients.

Also during the first semester, the students begin attending biweekly dinner seminars in faculty members' homes. These meetings feature an informal presentation by a guest from the community who discusses his or her work in the broad field of health and social welfare. The topics include cultural differences in concepts of health and illness, health problems and medical care of various underserved groups, traditional healing methods, existing community activities and organizations relating to health, and other topics in the areas of medical anthropology and sociology, such as the fate of idealism among medical students and the socialization process in medical school. These seminars have been held for other students over the past 4 years, and they have been well received. The subjects will be repeated in 2-year cycles, and C.U.P. students are expected to attend at least 50 percent of the meetings during their first 2 (preclinical) years. Attendance thereafter is optional, but encouraged.

In the second semester of the first year, C.U.P. students have a choice of volunteering to work one afternoon a week at one of the facilities visited during the first semester or being assigned to a disadvantaged family in Tucson. The latter is arranged through the cooperation and supervision of the public health nurse section of the county health department. After initial visits with the nurse to one of her client families, the student continues the relationship with the family in the role of patient advocate, facilitator, and patient educator—with periodic guidance and teaching from the county

nursing staff and faculty social workers. Both of these second semester activities continue into the second year. Continuation of the family relationship through the 4 years is optional.

The 4-year curriculum at the University of Arizona College of Medicine provides 4 months of discretionary time between completion of the second year and graduation. This time may be used in blocks of 6 to 12 weeks at any time during those 2 years, either for vacation or for medically related experiences. The C.U.P. students must spend at least 6 weeks of this discretionary time in an approved nonclinical or clinical activity relating to underserved people in Arizona or elsewhere in the United States. The American Medical Student Association, the Indian Health Service and other components of the Public Health Service, and individual schools of medicine sponsor a number of such opportunities for preclinical students. A much greater variety is available to students who have completed their clinical clerkships.

For their basic clerkships in family medicine, internal medicine, pediatrics, obstetrics and gynecology, and psychiatry, C.U.P. students may request assignment to clerkship sites serving underserved people, such as county hospitals and clinics in Tucson and Phoenix and National Health Service Corps sites in rural communities in southern Arizona.

In addition to 51 weeks of required clerkships, University of Arizona medical students must spend 30 weeks in year 3 or 4 in approved electives. The C.U.P. Program requires its students to spend at least 6 of these weeks in a clinical primary care preceptorship in an underserved area. A great variety of choices is available through the preceptorship program of the Department of Family and Community Medicine, in Arizona, other States, and in foreign countries.

Support activities. An essential aspect of a program designed to reinforce goals of service to underserved people is the support of student commitment by peers and faculty. However, it could be destructive to the program if its participating students were given so much special attention as to engender the hostility of other students. Therefore, care has been taken in the development of a number of support activities for the C.U.P. students.

A faculty advisory committee consists of all of the full-time faculty who have a significant role in the program. Most of these are primary care clinicians having a background of work with underserved people. These clinicians also serve as role models and career counselors for individual C.U.P. students, advising them on curriculum selections, specialty choices, residency applications, and helping them with personal and academic

problems. A clinical psychologist is the coordinator of C.U.P. counselors, provides them with reference materials, and is available when student problems require his professional skills. Other faculty include an anthropologist, a specialist in health planning and legislation, the two social workers responsible for supervising the family experience, and the sociologist who directs the evaluation process.

Every 6 weeks all C.U.P. students and the faculty advisory committee meet, in an informal social setting, to get to know each other and to share ideas, experiences, impressions, and information.

The C.U.P. Program students are provided subscriptions to a number of journals and periodicals relevant to their career interests—primary care, public health, and career opportunities in underserved areas.

An annual weekend retreat is planned at the end of each academic year for students and faculty. This is an opportunity for relaxation and mutual support away from the medical center, as well as a time to visit with a featured guest whose work with underserved people is of interest and inspiration to the students.

Students who successfully complete the C.U.P. Program will receive a certificate of recognition from the College of Medicine.

Planning and evaluation. Planning, implementation, and evaluation are the overall responsibility of the program director. He is a physician member of the full-time faculty of the Department of Family and Community Medicine who has had several years of practice and administrative experience in underserved areas in the United States and abroad. The evaluation process is supervised by a sociologist experienced in the evaluation of educational programs. Performance objectives have been developed for each curriculum component of the program, as have mechanisms or instruments for determining accomplishment of these objectives. The overall impact of the program is being assessed in a longitudinal study comparing C.U.P. students with all other students in their responses to an attitude and career preference questionnaire administered in the first and fourth years and also comparing actual practice type and location after completion of residency. Students who express, at the time of matriculation, an intent to practice in underserved areas, but who do not enroll or cannot be accommodated in the C.U.P. Program will provide an especially valuable control group.

A student advisory committee has been instrumental in the design of the program and the scheduling of its components. With representation from C.U.P. students of each class, this committee and the faculty advisory

committee provide ongoing oversight and assist the program director in planning and development.

Implementation. Development of the C.U.P. Program began in early 1978, with major assistance from a small group of dedicated students. It received the support of the dean of the College of Medicine and the vice president for health sciences, as well as the endorsement of the Curriculum Committee of the college. Interest and support were also expressed by the Governor and the local U.S. Congressman who recognized a potential for meeting some of the State's underserved medical needs. A private foundation in Arizona made a significant financial contribution to assist with the program expenses of the first year.

Although some components were by then in existence, the full program with its organizational structure, support activities, and experiences at each level of medical school education was formally launched in the summer of 1979 with the entering class of 1983. At that time, enrollment was also offered to students of the classes of 1981 and 1982. A preliminary survey of student interest had indicated that the program should be designed to accommodate 10 to 15 percent of each class, and this proved to be a reasonable estimate when formal enrollment took place. Currently enrolled in the program are 17 (19 percent) students from the class of 1983, 13 (15 percent) from the class of 1982, and 8 (9 percent) from the class of 1981.

Summary

The C.U.P. (Commitment to Underserved People) Program was established at the University of Arizona College of Medicine to reinforce the commitment of a self-selected group of medical students to careers with medically underserved people and to help them acquire some of the special knowledge, skills, and attitudes essential to effective performance in such careers. The program brings together some preexisting curricular offerings and a number of additional extracurricular activities and experiences. The time demands on the participating students are significant, but not excessive. Support activities are an important aspect and include periodic group meetings, an annual retreat, faculty role models as student advisors, and personal counseling when needed.

The program is coordinated by the Department of Family and Community Medicine, but relies on participation of faculty from other primary care departments and the cooperation of a number of community agencies and clinics. The C.U.P. Program was developed in response to an expressed student need, and students have continued to play an essential role in its design and direction.